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Bib Data Sheet

CONFIRMATION NO. 1707

<b>SERIAL NUMBER</b> 09/805,187	<b>FILING DATE</b> 03/13/2001 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2642	<b>ATTORNEY DOCKET NO.</b> PC-738CIP
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**APPLICANTS**  
Robert J. Tuttle, Ormond Beach, FL;

**\*\* CONTINUING DATA \*\*\*\*\***  
THIS APPLN CLAIMS BENEFIT OF 60/189,307 03/14/2000  
AND A CIP OF 09/124,697 07/28/1998 \*  
WHICH CLAIMS BENEFIT OF 60/079,454 03/26/1998  
(\* Data inconsistent with PTO records. *yes RTT*)

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *none RTT*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 05/10/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> FL <b>SHEETS DRAWING</b> 7 <b>TOTAL CLAIMS</b> 7 <b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	

**ADDRESS**  
23717

**TITLE**  
Realcall message delivery system with echo cancellation

<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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**\*BIBDATASHEET\***

CONFIRMATION NO. 1707

Bib Data Sheet

SERIAL NUMBER 09/805,187	FILING DATE 03/13/2001  RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. PC-738CIP
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APPLICANTS

Robert J. Tuttle, Ormond Beach, FL;

**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/189,307 03/14/2000  
 and is a CIP of 09/124,697 07/29/1998 PAT 6,324,262 \*  
 which claims benefit of 60/079,454 03/26/1998  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/10/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY FL	SHEETS DRAWING 7	TOTAL CLAIMS 7	INDEPENDENT CLAIMS 1
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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 32922

TITLE  
 Realcall message delivery system with echo cancellation

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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